

that of the ordinary metastasis, for in the latter the surgeon sees a contra-indication to operation, whereas these should be operated upon, and by histological examination of the same the seat of the primary disease discovered and possibly extirpated.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXII Kongress, 1893.

JAMES P. WARBASSE (Brooklyn).

CHEST AND ABDOMEN.

I. A Case of Subphrenic Pyothorax. By H. HOLSTI (Helsingfors, Finland). The writer relates the case of a man of thirty-two years who, formerly suffering from painful attacks, probably due to gall-stones, after he had had for twelve days severe pain in his chest, began to have chills, profuse perspiration, pain in his right side and to expectorate ochre-colored sputa. Upon exploratory puncture of a dull portion at the base of the right lung a serous fluid was obtained; lower down with a short needle also serous fluid, but with a longer needle an ill-smelling fluid of the same consistency as that which the patient expectorated. Resection of the ninth rib in the scapular line on the right side evacuated from the pleural cavity serous exudate. The diaphragm which arched upward toward the field of operation presented a small and fluctuating elevation, which upon exploratory puncture was found to contain badly-smelling pus. The wound was tamponaded with iodoform gauze and in a week, after adhesions had formed between the two portions of the pleura, the fluctuating spot in the diaphragm was incised and a cavity of the size of a plum was discovered filled with the same kind of pus. Later, in the anterior portion of the right side of the thorax quite a large encapsulated pyothorax formed, which was treated by the ordinary operation for empyema, after which the patient recovered. The writer thinks that besides the purulent focus operated upon there must have been others which communicated with the lungs and gave rise to the ochre-colored sputa. He reviews the various and varying methods of operation in subphrenic pyothorax, and recommends his method of procedure;

suturing of the diaphragm to the borders of the wound and immediate incision of the focus instead of waiting for adhesions to form, which in exhausted patients would be dangerous.—*Finska Läkarsocietets-kapets Handlingar*, Bd. XXXIV, p. 771.

II. Tuberculous Stricture of the Intestine; Resection; Recovery. By CHR. VOELT (Copenhagen). The writer records the case of a woman of thirty-eight years who had been subject to attack of sharp pain in the abdomen together with vomiting. They would set in suddenly, her abdomen becoming meteorically distended. If flatus could be passed the pains would cease and the seizure be over. As a possible compression of a convolution of intestine was suggested, coeliotomy was done. Adhesions were found in the small pelvis and two strictures were discovered, one ten inches above the ileo-cæcal valve and the other about two yards higher up. The intestinal convolutions were found to be injected and infiltrated with miliary tubercles. The contracted portions were resected, about six to eight centimetres, being extirpated and silk sutures applied. The operation lasted three hours. Forty-five hours later flatus was passed and the patient recovered without accident or reaction. Five months after she was in complete health. In the extirpated portions the intestinal walls were greatly thickened, to six millimetres, especially in the submucous layer, and the villi were swollen out of all proportion. In the peritoneal layer there were circumscribed groups of round cells with epithelioid cells and single phagocytes; tubercle cells were present in small numbers. He does not regard tuberculous stricture as very rare. As an aid to diagnosis he calls attention to the presence in such cases of peculiar, cartilaginous and indurated plates in the peritoneum as well as in the Douglass' fossa. These indurations may grow to actual small exudates when they may be confounded with adherent and deeply-situated ovaries of small size.—*Hospitals Tidende* R. 3, Bd. x, S. 1093.

III. A Large Piece of Glass Passed Through the Alimentary Tract. By Dr. E. MUND (Rudkjoebing, Denmark).

Mundt reports the case of an eleven-year-old boy who swallowed a square piece of glass, seventeen millimetres each way and with sharp corners. Shortly after he felt a slight scratching pain in the cardiac end of the stomach. A half hour after he received an emetic which brought up a large quantity of gastric contents with half-chewed prunes and pieces of apples just swallowed, but no glass. It could not be felt in the stomach with a gastric sound. The night was passed quietly. The next day he was given three dishes of mush, and after being in the intestines for twenty hours the piece of glass was passed with the first defecation without any pain. He has been well ever since.—*Hospitals Tidende*, No. 9, 1893.

IV. Mortality from Appendicitis and Perityphlitis in Stockholm. By C. WALLIS (Stockholm). The writer reports on the cases of death from appendicitis and perityphlitis occurring at the Sabbatsberg Hospital, Stockholm, from 1879 to 1891. His results are:

(1) Appendicitis has during this period formed 1.1 per cent. of all the fatal cases, which is more than double that of the Munich Hospital for 1854 to 1888, where according to Einhorn's investigations it was only .5 per cent. of all the cases.

(2) Appendicitis has been observed to be during this period doubly as frequent a cause in males as in females—1.4 per cent. in males, .8 per cent. in females.

(3) Appendicitis was comparatively frequent as a cause of death between the ages of ten and thirty years; in males it formed 4 per cent. of the fatal cases.

(4) No cases were fatal in males over forty-five, or females over fifty-four years.—*Nordiskt Medicinskt Arkiv*, N. F. Bd. III, Heft 2, 1893:

FRANK H. PRITCHARD (Norwalk, Ohio).

V. Non-Parasitic Liver Cysts. By Dr. W. MÜLLER (Aachen). In contradistinction to echinococcus cysts, the small gall-duct cysts, hæmorrhagic and lymph cysts, Müller has observed a liver

cyst so large as to give clinical symptoms, and which was very probably in genetic relation with the gall-duct system.

The author has operated upon such a cyst, which filled almost the entire abdominal and pelvic cavities and simulated an ovarian tumor. The patient, a cachetic, fifty-nine-year-old woman, had observed the tumor for some ten years. Only during the last year had she suffered serious annoyance from the growth, though for five years it had been a source of discomfort. She complained of frequent micturition, sometimes with retention, pain in the back, abdominal cramps and attacks of weakness. Finally, she became very weak, from, what was later discovered, hæmorrhage into the cyst.

At the operation it was discovered for the first time that the tumor had had its origin in the liver. A thick pedicle attached the tumor to the lower and front surface of the organ. Otherwise the surface of the liver presented a normal appearance.

On account of the very weak condition of the patient, a radical operation was not undertaken. The cyst was widely incised and six litres of chocolate-colored fluid, with much fluid and coagulated blood of various ages, was liberated. From two-thirds to three-fourths of this was evacuated. The remaining tumor was fixed with the pedicle into the abdominal wound. The bleeding was very profuse, and controlled by the cautery and iodoform gauze.

The patient recovered. The wound was healed in four months. The part of the cyst lying outside of the wound was partially uncovered; the rest was cut away. One and one-half years later the patient was well and without recurrence.

Müller is of the opinion that this case, as has been repeatedly observed in animal and human pathology, is one of cystadenoma of the gall-ducts—a benign tumor. — *Verhandlungen der deutschen Gesellschaft für Chirurgie*, xxii Kongress, 1893.

VI. Extirpation of a Tumor of the Liver. By E. VON BERGMANN (Berlin). Most operations upon the liver are done for echinococcus, in which a portion of the liver can rarely be removed. Langenbuch removed a lobe in 1888, with good result. Syphiloma

of the liver is most frequently the excuse for removing a portion of the organ. In the early part of this last year Von Eiselsberg removed a large cavernoma of the liver. In a case of carcinoma of the gall-bladder Hochenegg removed the disease, with a neighboring portion of the liver. The largest tumor of the liver ever operated upon with good result was by Lücke.

The tumor operated upon by Von Bergmann was a round, very movable mass, situated on a level with the umbilicus in the middle line. It seemed to be in connection with the liver, and presented the symptoms of an echinococcus of that organ. It was operated upon. Its appearance was liver brown, smooth and of uniform consistency. It was easily drawn out through the wound, and was found attached to the liver by a pedicle ten centimetres long and four centimetres thick. He cut off the pedicle, ligated the larger vessels and controlled the remaining hæmorrhage by pressure with sponges. The tumor was found to be a tubulous gland adenoma (Drüsenschlangadenoma), a variety of tumor closely allied to the primary liver carcinoma and the hyperplastic adenoma.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, xxii Kongress, 1893.

VII. Gall-stone Ileus. By Dr. W. KÖRTE. Körte has observed four cases of intestinal obstruction from gall-stones. Three were operated upon. Of these, two recovered, and one, aged seventy-two years, died. The patient not operated upon died of peritonitis, which was caused by a stone lodged in the valvula Bauhini.

The stones in the three cases operated upon were demonstrated. Though they were not very large, they were so wedged in the gut that they could neither be moved up nor down. In two cases they were lodged in the lower part of the ileum, in the last cases they were fixed in the flexura iliaca coli. The symptoms in all the cases were very acute, and were not in the least improved by any palliative measures.

In all the cases, by running along the gut the stones were quickly found. The gut was opened by a longitudinal incision, the stones removed and the wound sutured.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, xxii Kongress, 1893.

VIII. Resection of Intestine, in Bergmann's Clinic.

By DR. HAASLER (Halle). Haasler has presented reports of the intestinal resections which have been done in Bergmann's clinic. Two of these are of special interest.

One was a carcinoma of the ascending colon in a forty-three-years old woman. The growth involved the ileo-cæcal valve, a very little of the ileum, the whole ascending colon and the transverse colon, which was drawn down and firmly involved in the growth. The neighboring retro-peritoneal and the mesenteric lymphatics were also involved. It was therefore necessary to remove about fifteen centimetres of the ileum with its mesentery, the ilio-cæcal valve, cæcum and vermiform appendix, ascending colon, hepatic flexure, half of the transverse colon, and the meso-colon of the above extent. Primary suture was applied. The microscopical examination showed typical adeno-carcinoma. A year after the operation the woman was still free from disease, and had gained thirty-six pounds in weight.

The second case was that of a fourteen-year-old patient who presented the very acute symptoms of an invagination of the ileum. About four weeks later a piece of intestine was passed after severe abdominal pain and with copious blood evacuations. Before and after this time the stools had often been bloody. Six weeks after this the symptoms of stricture of the intestine appeared. Three months after the beginning of the trouble almost complete obstruction, with fæcal vomiting, was present. Resection was performed and the patient completely cured.

On the resected portion of gut, firmly attached to the lower part of the stricture, was a polypoid structure resembling a mucous polyp. Examination showed this to be a remaining part of the cut-off piece of the gut. It was composed of part of the wall of the outer invaginated layer. All of the layers in the thickness of the intestine were found in this polyp. It had rolled up on the serosa so that it gave the impression of a polyp covered with mucous membrane.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXII Kongress, 1893.

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